Jan 2013

- Give a short account on the followings:

1- CI & complications of cupper loaded IUCD

2- predisposing factors , diagnosis & ttt of stage I cervical carcinoma

3- causes , diagnosis & ttt of traumatic vesico vaginal fistula

4- causes & diagnosis of uterine bleeding at age of thirty years old

5- the menopause: definition , types & ttt

6- causes & DD of antepartum Hge at 32 weeks gestation

7- diagnosis & complications of multiple pregnancy

8- causes & diagnosis of shoulder presentation during pregnancy

9- causes , diagnosis & ttt of perpural sepsis

10- fetal birth injuries

Jan 2013 .. اللي اتلغي

- Give short accounts on the followings :

1- Complications of pre-eclampsia (20 Marks)

2- Diagnosis of transverse lie during pregnancy & during labour (20 Marks)

3- Diagnosis & management of retained placenta (20 Marks)

4- A 25 years old primigravida at 20 weeks gestation came to the clinic complaining of vaginal bleeding since yesterday :

a- What are the possible causes of vaginal bleeding in this case (5 Marks)

b- How do you come to a diagnosis of this case (20 Marks)

5- Causes , diagnosis & management of cryptomenorrhea (20 Marks)

6- Causes of recurrent prolapse (20 Marks)

7- Cervical intra-epithelial neoplasia (CIN) (20 Marks)

8- A 32 years old patient , married for 7 years & practiced normal intercourse for 5 years , she never got pregnant , seminogram of her husband showed normal figures :

a- Enumerate the possible causes of her infertility (10 Marks)

b- list the possible investigations required for this patient (15 Marks)

9- Define the followings : (one mark each)

a- Hyperemesis gravidarum

b- deep transverse arrest

c- 1ry postpartum Hge

d- late deceleration

e- Bishop score

f- physiological amenorrhoea

g- strees incontinence

h- 3rs degree RVF uterus

i- dysfunctional uterine bleeding

j- stage 2 endometrial carcinoma

MCQ

Tick only the correct answer (one Mark each)

1-uterine anomalies are associated with :

a- ovarian anomalies b- urinary tract anomalies c- Endometrial carcinoma

d- all of the above

2- menonpausal symptoms include all of the following except :

a- hot flushes b- amenorrhea c- loss of Wt d- vaginal dryness

3- candida infection is commonly associated with all the following except:

a- pregnancy b- diabetes c- menopause

d- prolonged antibiotic therapy

4- causes of vulval ulcers include all the following except:

a- chancre b- chancroid c- gonorrhea d- tuberculosis

5- the most common site of uterine fibroid is :

a- cervical b- submucous c- subserous d- interstitial

6- ttt of endometriosis may include any of the following except :

a- progestins b-bromocryptin c- radical surgery

d- Gn-Rh analogues

7- hysteroscopy is importanat for diagnosis of the following factors in infertility except :

a- septate uterus b- bicornuate uterus c- submuccous fibroid

d- endometriosis

8- symptoms suggestive of ovulation include :

a- irregular cycles b- congestive dysmenorrhea

c- galactorrhea c- non of the above

9- ttt of complex endometrial hyperplasia without atypia in pre menopausal female includes the following except:

a-estrogen b-progestins c- endometrial ablation

d- hysterectomy

10- Aspecific contraindication to the progestin intrauterine device is :

a- menorrhagia b- dysmenorrhea c- history of ectopic pregnancy

d- history of thrombo-embolic disease

11- Fertilization normally takes place with all the following conditins Except :

a- After sperm capacitation. b- In the ithmical part of the fallopian tube.

c- Within 48 hrs of ovulation.

d- After extrusion of the first polar body .

12- A placenta with a missing central portion is called :

a- placenta accrete. b- placenta membrenacea .

c- Funestrate placenta. d- Battledore placenta.

13- The foetal anomaly most strongly associated with overt diabetes is :

a- Congenital heart defects.

b- Neural tube defects.

c- limb defects.

d- Sacral agenesis.

14- The narrowest diameter of the pelvic inlet is :

a- The true conjugate .

b- The diagonal conjugate .

c- The transverse diameter .

d- The Sacro-Cotyloid diameter.

15- Causes of subiavoluted uterus include all the following Except :

a- Puerperal sepsis.

b- Retained placental fragments.

c- Bottle feeding.

d- Episiotomy.

16- Defective coagulation is seen with fibrinogen level less than :

a- 50 mg%

b- 100 mg%

c- 200 mg%

d- 250 mg%

17- Puerperal sepsis is more commonly associated with all the following Except

a- prolonged rupture of membranes.

b- Diabetes.

c- Vaginal moniliasis.

d- Frequent PV Examination.

18- Causes of neonatal jaundice include all the following Except :

a- Prematurity .

b- Neonatal septicemia .

c- Caput succedaneum.

d- Congenital atresia of bile ducts.

19- The commonest Cause of anemia during pregnancy is :

a- Haemoglobinathis.

b- Iron deficiency anemia.

c- Folic acid deficiency.

d- Vitamine B12 deficiency.

20- Drug which is contraindicated during labour in case of mitral stenosis is :

a- Oxytocine.

b- Ergotamine.

c- Anti-diuretic hormone.

d- Corticosteroids.

June 2012

- All questions must be answered
- Give a short account on the following:

1-Causes, diagnosis and treatment of cystocele.
2- Diagnosis and treatment of trichomonas vaginitis.
3- Causes, diagnosis and treatment of tubal factor of infertility.
4- Staging of cancer cervix.
5- Diagnosis and treatment of uterine fibroid.
6- Hemodynamic changes with pregnancy.
7- Role of ultra sound examination in pregnancy.
8- Mechanism of labor in occipito posterior.
9- Diagnosis and treatment of postpartum pyrexia.
10- Criteria fulfilled for application of obstetric forceps.

Jan2012

- All questions must be answered
- Give a short account on the following:

(1) Management of occipito-posterior position (cord prolapse).
(2) Management of postpartum haemorrhage.
(3) Diagnosis of pre-eclampsia.
(4) A 30 years old patient G ra vid 3 P 2+0 pregnant 32 weeks complaining of vaginal bleeding:
a. Discuss how to reach the diagnosis.
b. Discuss the obstetric management.
(5) Hormonal contraception.
(6) Management of fibroid uterus.

(7) Management of abnormal uterine bleeding.

(8) A 35 years old patient came at the clinic complaining of a mass protruding from the vulva during straining:

a. Enumerate the possible causes.

b. Discuss the management of this case.

June 2011

Give a short account on the following:

(1) Congenital anomalies of mullerian ducts.

(2) Cervical erosions.

(3) Trichomonal vaginitis.

(4) Cervical intra-epithelial neoplasia.

(5) Causes of peri-menopausal bleeding.

(6) Functions of the placenta.

(7) Causes of vomiting during pregnancy.

(8) Stages of labor.

(9) Diagnosis and management of cord prolapse.

(10) Causes of antepartum hemorrhage.

Jan 2011

- Obstetrics :

- Give short account on 4 questions only;

(1) Functions and abnormalities of the placenta.

(2) Causes of an oversized pregnant uterus (larger that the period of amenorrhea).

(3) Diagnosis of vaginal bleeding at 8 weeks.

(4) Management of eclampsia at 37 weeks of pregnancy.

(5) Management of the 2nd stage of labor.

- Gynecology :

- Give short account on 4 questions only:

(1) Disorders associated with congenital anomalies of the uterus (types and clinical presentation).

(2) Management of complete perineal tear.

(3) Complications of an ovarian cyst and their treatment

(4) Contraindications of intra-uterine contraceptive device.

(5) Management of endometrial carcinoma.

Jan 2010

Answer 5 questions only from each section (20 marks each)

- Give short account on:

A : Obstetrics

(1) Methods of diagnosis of early pregnancy.

(2) Antepartum assessment of fetal wellbeing.

(3) Effects of diabetes mellitus on pregnancy.

(4) Mechanism of Labour in occipito posterior position.

(5) Causes, diagnosis and treatment of primary post partum hemorrhage.

(6) Causes of neonatal jaundice.

B : Gynecology

(1) Methods of detection of ovulation.

(2) Complications and contraindications of hormonal contraceptive pills.

(3) Diagnosis and treatment of monilial vaginitis.

(4) Differential diagnosis of cervical polyp.

(5) Criteria of malignancy in ovarian tumors.

(6) Causes and treatment of postmenopausal bleeding.

Dec . 2008

Answer only 5 questions of each section (20 marks each)

Give short account on:

A: Obstetrics:

1-Methods of diagnosis of early pregnancy.

2- Effect of DM on pregnancy.

3- Mechanisms of Labour in occipito posterior position.

4- Types 8 management of asphyxia neonatorurm.

5- Causes & DD of puerperal pyrexia.

6- Complications of the 3rd stage labour.

B : Gynecology

1- Causes, diagnosis 8 treatment of monilial vaginitis.

2- Tubal patency tests.

3- Complications of IUD contraception.

4- Criteria of malignancy in ovarian tumors.

5- Types of urinary incontinence.

6- Uses of ultrosonography in gynecology

June 2008

- All questions should be answered (20 marks each)
- Give short account on:

1- Causes of bleeding in early pregnancy.

2- Enumerate indications of ultrasonography in obstetrics.

3- Methods of delivery of the after coming head.

4- Complications of the 3rd stage labour.

5- Neonatal jaundice .

6- Management of trichomonas vaginitis.

7- Methods of detection of ovulation.

8- Degrees of uterine prolapse 8 their management.

9- Contraindications of oral contraceptive pills.

10- Management of postmenopousal vaginal bleeding.

Dec. 2007

All questions should be attempted

- Give short account on:

(1) Maternal cardiovascular changes during pregnancy.

(2) Causes and diagnosis of vaginal bleeding in early pregnancy.

(3) Complications of pre-eclampsia.

(4) Mechanisms of labour in occipito-posterior position.

(5) Neonatal jaundice

(6) Diagnosis and treatment of monilial vaginitis.

(7) Tubal patency tests.

(8) Complications on intrauterine contraceptive device.

(9) Types of urinary incontinence.

(10) clinical stages of cancer cervix.

June 2007

Give short account on 10 of the following questions

(20 marks each)

1- Ante partum assessment of fetal well-being.

2- Mechanism of labour in face presentation.

3- Causes of 1ry postpartum hemorrhage.

4- Effect of pregnancy on heart disease.

5- Resuscitation of newborn infant.

6- Diagnosis 8 management of cord prolapse.

7- Assessment of tubal patency.

8- DD of vaginal discharge.
9- DD of mass protruding from the vulva.
10- Complications of IUD.
11- Types of hormonal contraceptives.
12- Criteria of malignancy in ovarian tumors.

Dec. 2006

Give short account on ten of the following questions
(20 marks each)

(1) Causes of vaginal bleeding in early pregnancy.
(2) DD of ante-partum hemorrhage.
(3) Mechanisms of labour in occipito posterior position.
(4) Methods of delivery of the after coming head.
(5) Effects of diabetes mellitus on pregnancy.
(6) Causes of neonatal jaundice.
(7) Management of vaginal moniliasis.
(8) Early detection of cancer cervix.
(9) Complications of hormonal contraception.
(10) Types of urinary incontinence.
(11) Methods of detection of ovulation.
(12) D.D. of cervical polyp.

March 2006

- Give short account on (20 marks each)
(1) Management of 1ry postpartum hemorrhage.
(2) Complications of breech delivery.
(3) Diagnosis of pre-eclampsia.
(4) Diagnosis of onset of labour.
(5) Pregnancy complications of diabetes mellitus.
(6) Detection of ovulation .

(7) Diagnosis 8 treatment of anterior vaginal wall prolaps.
(8) Treatment of trichomonas vaginitis.
(9) Symptoms 8 signs of uterine fibroid.
(10) Contraindications of IUD contraception.

Nov 2005

- Give short account on:
(1) Clinical picture of vesicular mole.
(2) Complications and contraindications of intra-uterine device (IUD) contraception.
(3) Complications of ovarian tumors.
(4) Detection of ovulation.
(5) Clinical presentation and treatment of monilials vulva.vaginitis.
(6) Effect of diabetes mellitus on pregnancy.
(7) Causes of secondary post-partum hemorrhage.
(8) Complications of twin pregnancy.
(9) Diagnosis of intra-uterine fetal asphyxia.
(10) Diagnosis of uterine rupture during labor.

June 2005

(1) Discuss management of occipito posterior position during labour

(2) GIVE AN ACCOUNT ON:
a. Degrees of Placenta Preavia.
b. Sure Signs of Pregnacy.
c Causes of puerperal Pyrexia.
d. Signs of Pre eclamptic toxeamia.
(3) Diagnosis and mangment of uterin fibroid.
(4) GIVE AN ACCOLINT ON:
a. Complications of ovarian cyst.

b. Diagnosis of vesico vaginal fistula.
c. Detection of ovulation.
d. Complication of intrauterine contraceptive device.

Dec 2004

(1) Discuss clinical pictures and management of tubal ectopic pregnancy
(2) Give short notes on :
a. Management of eclampsia.
b. Causes of puerperal pyrexia.
c. Diagnosis of labour onset.
d. Mangment of primary postpartum haernorrhage.
(3) Discuss clinical picture and mangment of vaginal wall prolapse.
(4) Write short notes on:
a. Criteria of malignant in ovarian neoplasms.
b. Diagnosis of vesicovaginal fistulo.
c. Lymphatic dranage of the cervix uteri.
d. Contraindications and complications of intrauterine

March 2004

(1) mangment of 1ry post-partum hemorrhage
(2) complications of breech delivery
(3) diagnosis of pre-eclampsia
(4) puerperal pyrexia
(5) diagnosis of onset of labour
(6) detection of ovulation
(7) contra-indications of hormonal contraception
(8) complications of loparoscopy
(9) clinical picture of fibrooid uterus
(10) differential diagnosis of vesico-vaginal fistula

Oct 2003

-Evaluation of placental function during pregnancy.
-C/p of obstructive labor.
-Management of eclamptic fit.
-Causes & diagnosis of HE.
-Causes of neonatal jaundice.
-Diagnosis of cancer cervix.
- D.D. of urinary incontinence
- Complications & contraindication of oral contraceptive pills
- Diagnosis of ovarian polycystic diseases
- Treatment of monilial vaginal infection

Oct 2002

1 - Diagnosis and ttt of breech presentation during pregnancy
2- Give a short account on each of the following:
a - Diagnostics value of ultrasound in bleeding during the first trimester of pregnancy
b - Effect of diabetes on pregnancy.
C - C/p of obstructive labor
d- Causes and ttt of retained placenta
3- C/p, investigations and ttt of endometrial carcinoma
4- Give a short account on
a- Symptoms and signs of fibroid uterus
b- Predisposing factors and diagnosis of monilial vaginitis
c - Contraindications to hormonal contraceptives
d - Diagnostic value of endoscopy in infertility

Oct 2001

- A primi - parous woman aged 20 year married for 2 years and LMP was I8/1/2001 and she was admitted td hospital on 9/10/2001 with generalized tonic and colonic convulsion, her mothcr told you that she developed twitches and severe headache one hour ago which was followed by convulsion at home. On general examination, her pulse was 110 /M.
BP 180/120 with edema of face and lower limbs
1- How are you going to manage this case؟
2- Mention the possible complications؟
- Give short account on
a) Causes of post partium hemorrhage؟
b) Causes & ttt of retained after coming head of breech
c) Causes of puerperal pyrexia؟
d) Apgar score؟

- 55 year old woman admitted to hospital complaining of postmenopausal bleeding and discharge. On vaginal exanimation, small friable necrotic mass was felt on the posterior wall on the cervix How could you manage this case؟
* Give short account on each of the following
a) Anatomy of levator ani muscle؟
b) How can diagnose tubal pregnancy؟
c) what are types of urinary incontinence؟
d) What are contra inication of hormonal contraceptive pills

Oct 2000

*35 years old nulliparous patient married since 7 years menorrhagia and congestive dysmenorrhea , her last menstrual period started on 1/10/2000, pelvic examination revealed enlarged uterus (size of 14 w)

*How would you proceed to diagnose and treat this case؟

* Give an account on:

a) Criteria of malignancy in ovarian tumor.

b) Contraindication of I U C D؟

c) Management of trichomonus vaginitis؟

d) Uterine support؟

* Give an account on:

a) Management of cord prolapse

b) Puerperal pyrexia

c) Episiotomy

d) Causes of intrauterine fetal death.

Oct 99

1- a 27 years old lady married for 5 year has no living children her previous 4 pregnancies were ended by spontaneous abortion she is currently pregnant her lam was 14-8-1999.

- discuss the causes, diagnosis and management of such case.

-Give short account on

a) Causes of primary postpartum haemorrhage.

b) Delivery of after coming head.

c) Ante partum feta1 moniting.

d) Treatment of eclampsia

* 43 years old woman had 5 full term deliveries. She is complaining of contact bleeding.

- Discuss the diagnosis, for this lady.
- Give short account on:
a) Causes of priorities vulvae.
b) Complications of ovarian cyst.
c) Mechanical methods of family planning.
d) Diagnosis of ovarian factor of infertility.

Oct 98

* a 34 years old nulliparous woman complaining of irregular uterine bleeding for three months. Clinical examination and pelvic ultrasonography revealed no abnormal findings.
* Discuss the diagnosis and treatment of this case.
*Give short account on:
a) D.D. of cervical ulcer.
b) Contraindications for I.U.C.D.
c) Complications of fibroids *
* A 38 years old woman, Para 6+0 delivered at home for a full term living baby transferred to the hospital 3 hours later with sever vaginal bleeding
* Discuss the diagnosis and treatment of this case.
*Give short account on: :
a) How to calculate the expected date of delivery.
b) Causes of feta! malpresention
c) Complications of episiotomy
d) Causes of neonatal jaundice.

Oct 97

*Give short account on
- Diagnosis and ttt of plcenta praevia.
- Resuscitation of newly born.
-Causes of puerperal pyrexia.

-Effects of diabetes on pregnant mother and her fetus.
-Mechanism of labor in occipito posterior position.
-Symptoms, signs, investigations and treatment of fibroid uterus.
-Detection of ovulation.
-Diagnosis and ttt of monilial vaginitis.
-Diagnosis of complete pereneal tear.
-Side effects of oral contraceptive

Oct 96

-Describe components of antenatal care
-Diagnosis of placenta previa
-Diagnosis of intrauterine fetal death 4- Mechanism of labor in occipital posterior position؟
-Diagnosis of rupture uterus
-Causes and management of second degree uterine prolapse
- Management of menopausal syndrome
- Early detection of cancer cervix
-postcoital test
- Contraindications of hormonal contraceptive

Oct 95

-D.D of vaginal bleeding during 1.st trimester of pregnancy
-Mechanism of normal labor
-Diagnosis of obstructed labor
-Complications of cesarean section
-Diagnosis of placental insufficiency
-Causes of primary amenorrhea
-D.D mass protruding from the vulva
-Clinical criteria of malignant ovarian tumours

-Tubal patency tests

-Enumerate complications of I.U.C.D

Oct 94

-Discuss the diagnosis, treatment of placenta praevia during pregnancy and labor

-Give an account on:

a) Diagnosis of multiple pregnancy

b) C/p of obstructed labor

c) Treatment of eclamptic fit.

d) Types of episiotomy.

* Discuss the clinical picture and management of benign ovarian tumor.

* Give an account on

a) Contraindications of oral contraceptive

b) Diagnosis and treatment of monilial vaginitis.

c) Diagnosis ofvesicovaginal fistula

d) Symptoms of menopausal syndrome.

Sep 93

-Management of shoulder presentation.

-Give an account on:

a) Signs of separation of the placenta.

b) Types and c/p of eclampsia.

c) Etiology of anemia during pregnancy.

d) Diagnosis of uterine rupture during labor.

* C/P, investigations, treatment of endometrial carcinoma.

* Give a short account on:

a) Symptoms of fibroid items.

b) Complications of l.U.C.Ds.

c) Tests for tubal patency.

d) CIP & investigations of trichomonas vaginitis.

Sep 92

-Discus the etiology, diagnosis & ttt of shoulder preseutation.

-Give a short account on:

a) Etiology of bleeding during the 1st. trimester of pregnancy.

b) Etiology of puerperal pyrexia.

c) Sure signs of pregnancy.

d) Ttt of atonic post partum haemrrhage.

-Diagnosis , treatment of carcinoma of cervix.

-Give an account on

a) Treatment of monilial vaginitis.

b) Degree of perneal tears.

c) Complications of I.U.C.Ds.

Oct 91

- Discuss the diagnosis and treatment of pre-eclamptic toxemia.
- Give an account on:

a- Diagnosis of obstructed labor.

b- Causes of puerperal pyrexia pregnancy.

c- Causes of post-partum haemorrhage.

d- Complications of multiple pregnancy.

*Discuss the etiology and management of 1st. trimester abortion.

*Give ashart account on:

a) Supper of genital tract.

b) Diagnosis of stage I carcinoma of cervix.

c) Complications of hormonal contraceptives.

d) Diagnosis of tubal factors of infertility.

e) Types of bleeding with uterine fibroid

من امتحانات سابقة MCQs

M.C.Q

1-The following may help in the diagnosis, of early (non disturbed) ectopic pregnancy:
a-Estimation of HCG in the serum.
b-Ultrasonography. c-Laparoscopy.
d-None of the above. e-All of the above.

2-The differential diagnosis of disturbed ectopic pregnancy include the following except:
a-Uterine abortion. b-Placenta praevia.
c-Acute appendicitis. d-Salpingitis and PID.
e-Torsion or rupture of an ovarian cyst.

3-Investigatians of a pregnant woman with a history of habitual abortion includes the following except:
a-Serological tests for syphilis.
b-Glucose tolerance test.
c-Hysterography to determine the competence of internal os.
d-Renal function tests. e-Ultrasonography.

4-Hysterosalpingraphy may diagnose:
a-Congenital malformations of the uterus.
b-Intrauterine synechiae.
c-Perforated intrauterine contraceptive device.
d-Submucus fibroid. e-All of the above.

5-External cephalic version is contraindicated in:
a-Ante Partum hemorrhage. c-Previous myomectomy.
b-Multiple pregnancy. d-Hypertension.
e-All of the above.

6-Human chorionic gonadotrophin:
a-Secreted by anterior pituitary.
b-Secreted by the trophoblast.
c-Maximum blood levels at 20 wks.

7-Android pelvis is characterized by:
a-Narrow sacrosciatic notch.
b-With outlet antero-posterior diameter.

c-Parallel pelvic side walls.
d-Usually leads to face presentation.

8-Cause of secondary post partum hge is :
a-Placental insufficiency b-Puerperal sepsis.
c-Retained placenta. d-All of the above.
e-None of the above.

9-Occipito posterior position is common with:
a-Flat pelvis. b-Placental abruption.
c-Intrauterine growth retardation. d-Android pelvis.

1O-The common cause of ante partum hge is:
a-Threatened abortion. b-Placenta praevia.
c-Diabetes mellitus. d-Malpresentation.

11-The commonest causes of bleeding with cervical fibroid is:
a-Menorrhagia. b-Metrorhagia.
c-Polymenorrhea. d-Post menopausal bleeding.

12-Infertilily in a male needs ttt, when the sperm count is less than:
a-1OO million per ml. b-80 million per ml.
c-60 million per ml. d-50 million per ml.
e-20 million per ml.

13-Peri-tubal adhesions can be best diagnosed by:
a-Insufflations. b-Hysterosalpinography.
c-Laparoscopy.

14-Laparoscopy means viewing of the pelvic & abdominal organs through:
a-The posterior Phornix. b-The anterior vaginal wall.
c-The abdominal wall. d-The cervical canal.

15-Ovulation could be detected by post menopausal endometrium biopsy:
a-True. b-False.

16-Anteverted uterus means that:
a-It's bent forwards on itself at the level of the internal os.
b-The long axis of the body is bent backwards on the axis of the cervix.

c-The axis of the cervix is directed upwards and backwards in relation to the vertical axis of the vagina.
d-None of the above.

17-The commonest cause of retroversion flexion(RVF) of the uterus in a nulliparous woman is:
a-Pelvic tumour. b-Pelvic adhesions. c-Prolapse.
d-Congenital. e-Puerperal retroversion.

18-following is done as 1st step in the management of postmenopausal bleeding:
a-Hysterectomy. b-D&C biopsy.
c-Progesterone replacement therapy.
d-Hysterosalpinography.

19-Blood pressure of 190/120 in a patient who is 12 wks. Pregnant may be due to
a-Pre-eclampsia. b-Essential hypertension.
c- Urinary tract infection.

20-The blood supply of the uterus is:
a-uterine vessels. b-Ovarian vessels.
c-Obturator vessels. d- a&b.
e- a&c

21-Releasing hormone:
a-Secreted by posterior lobe of pituitary gland.
b-Secreted by the ovary.
c-Secrcted by the anterior lobe of pituitary gland.
d-All of the above. e-None of the above

22 - Signs of severe pre-eclampsia include:
a- Macrosomia. b-Blood Pressure 140/90.
c-Loss of consciousness d-All of the ahove. e-None of the ahove.

23-post-menopausal bleeding can be due:
a-Senile endometriosis.
b-Malignant or benign growth in the genital tract.
c-Withdrawal of estrogen ttt. d-Trophic ulcers.

24-in second degree uterus prolapse:
a-The whole uterus prolapses outside the uterus.

b-The external os descends below the ischial spine but does not protrude from the vulva.
c-The external os protrudes from the vulva.
d-The lower third of the vagina descends below the vulva.

25-Enterocele is:
a- Descent of the upper 1/3 of the anterior vaginal wall.
b- Descent of the lower 1/3 of the anterior vaginal wall. c- Descent of the upper 1/3 of the posterior vaginal wall.
d- Descent of the middle 1/3 of the posterior vaginal wall.
e- Descent of the lower 1/3 of the posterior vaginal wall.

26-The most important primary cause of uterine and vaginal prolapse is:
a-Post menopausal atrophy.
b-Injury of pelvic floor
c-Congenital weakness of cervical ligaments.
d-Retroversion of the uterus.
e-Obstetric trauma.

27-Cystocele is treated by:
a-Fothergill's operation.
b-Anterior colporrhaphy.
c-Modified Fothergill's operation.
d-Posterior colpoperineorrhaphy
e-Vaginal hysterectomy.

28-Perinatal mortality rate is defined as:
a- Number of stillbirth and deaths in the 1st wk after delivery per l00000.
b- Number of stillbirth and deaths in the 1st month after delivery per 1000 delivery.
c- Number of stillbirth and deaths in the 1st week after delivery per 1000 delivery
d- None of the above.

29-The breast signs of pregnancy include of the following except:
a-Increased size and vascularity.
b-Dark pigmentation of the nipple and areola.
c-Secretion of milk. d-Development of 2ry areola.
e-Development of the tubercles of Montgomery

30-Hegar's sign is:
a-A sign of early abortion.

b-A sign of pregnancy in the 20th wk.
c-An ultrasound sign.
d-None of the above.
e-A sign of pregnancy between 6th and lOth week.

31-Quickening is :
a-A symptom of early pregnancy.
b-A sign of med pregnaney.
c-Uterine contraction during pregnancy.
d-The 1st perception of fetal movements.
e-None of the above.

32-The objective ante-natal care include of the following except:
a-Observation of the progress of pregnancy.
b-Monitoring of the progress of pregnancy.
c-Detection and ttt of any Complications during pregnancy.
d-Instructions to the pregnant woman regarding diet and hygiene of pregnancy.

33-Active management of the third stage of labour involves:
a- Intramuscular injection of ergometrine after delivery of placenta.
b-Intravenous injection of ergometrine with crowning of fetal head.
c-I.m. injection of ergometrine after delivery of the body and before delivery of placenta.
d-None of the above.

34-The most common cause of abortion during the very early weeks pregnancy is:
a-Diabetes mellitus.
b-Rh incompatibility.
c-Hypertension.
d-Cervical incompetence.
e-All of the above.
f-None of the above.

35-definite sign of inevitable abortion in the presence of:
a-Rapid pulse. b-Pallor.
c-Pyrexia. d-Dilated internal os.
e-All of the above. f-None of the above.

36-A definite clinical criteria for diagnosis of molar pregnancy is:
a-The uterus is larger than the calculated period of pregnancy.

b-Vaginal bleeding.
c-Absence of shadow of the fetal skeleton in X-ray film.
d-Inaudible fetal heart sounds.
e-Passage of vesicles.
f-None of the above.

37-Metropathia hemorrhaglca:
a-Means slight ferquent uterine bleeding.
b-Only occur in ovular cycles.
c-Associated with cystic granulation hyperplasia of the endometrium.
d-All of the above. e-None of the above.

38-ovulation can be diagnosed by:
a-Serum progesterone estimation at the 14th day of the cycle.
b-Serum progesterone estimation at the 22th day of the cycle.
c-Serum prolactin estimation.
d-All of the above. e-None of the above.

39-Polyhydramnios is associated with the following except:
a-Multiple pregnancy b-Rena1 agenesis.
c-Esophageal atresia. d-Diabetes mellitus.

40-occipito posterior position is common with:
a-Flat pelvis. b-Android pelvis.
c-Gynecoid pelvis. d-All of the above.

41-Which of the various wall of the vagina are covered with peritoneum:
a-Anterior.
b-posterior.
c-Lateral
d-a&b.
e- a&c.

42-Amputatian of the cervix is one of the steps of the following operation:
a-Classical repair.
b-fothergill`s operation.
c-Shirodkar's operation.

43-In ectopic pregnancy vaginal bleeding occurs because of:
a-Expulsion of the products of conception.
b-Bleeding from fallopian tube coming down through the uterus.
c-Hormonal withdrawal affects the decidual reaction.
d-All ofthe above. e-None of the above.

44-Vaginal discharge that cause pruritis vulvae are associated with:
a-Monilial infection. b-Non Specific infection. c-Increased cervical mucus. l .

45-30 years old patient having uterine fibroid of 14 wk. size is usual treated by:
a-Hysterectomy. b-progesterone therapy c-Myomectomy d-Radiotherapy.

46-Vaginal trichomoniasis:
a-Is common in diabetic patient.
b-Is a yeast infection.
c-Frequently ends by salpingitis.
d-Is a sexually transmitted diseae.

48-2nd degree uterine prolapse:
a-Is Present usually with vaginal bleeding.
b-Is known as complete procidentia.
c-Cannot be diagnosed except by speculum .
d-Shortening of the lateral cervical ligaments is important for its treatment.
e-All of the above.

48-In placenta praevia, conservative treatment is done if:
a-Bleeding is mild and duration of pregnancy in > 37 weeks.
b-Bleeding is severe and duration of pregnancy is < 37 weeks.
c-Bleeding is moderate and the duration of pregnancy is < 37 weeks.

49-The commonest cusative organism of pyelonephritis during pregnancy is:
a-E.coli. b-Proteus. C-Pyocyaneus.
d-All of the above. e-None of the above.

50-Anterior fontanell is present between:
a-4 sutures b-2 sutures. c-3 sutures.

51-Causes of 1ry postpartum haemorrhage are:
a-Placental insufficiency .
b-Puerperal sepsis.
c-Retained placenta.
d-All ofthe above.
e-None of the above.

52-pulsating cord prolapse with 5cm dilated cervix at full term is treated by:
a-Forceps application. b-Caesarian section.
C-Oxytocin drip. d-External cephalic version

53-The most important 1ry cause of uterine and vaginal prolapse is:
a- Post menopausal bleeding. b-Injury of pelvic floor.
c- Congenital weakness of cervical ligaments.
d- Retroversion of the uterus. e-Obstetric trauma.

54-Preterm delivery may occur at:
a-39 wks . b-35 wks. c-18 wks. d-None of the above.

55-Normally bleeding from the placental site is controlled by:
a-Platelet aggregation and fibrin thrombi in decidual vesselS.
b-Retractions of interlacing uterine muscle fibers.
c-All of the above.

56-In abruptio placenta the uterus is:
a-Large for date.
b-Very tender.
c-Hard in consistency.
d-All of the above
e-None of the above

57-Third stage of labour starts at:
a-Full dilatation of the cervix.
b-Expulsion of the fetus.
c-Expulsion of membranes and the placeuta.

58-The menopause is associated with:
a-Hot flushes.
c-High estrogen level in the blood.

d-All of the above.
e-None of the above.

59-Primary menopause is defined as the absence of menstruation untill the age of
a-14 yrs. b- 16 yrs . c-18 yrs. d-20 yrs.

60- 28yrs old patient with 2ry amenorrhea ,the most common cause is :
a-Pregnancy. b-Uterine fibroid.
c-Endometriosis. d-imperforate hymen.

61-Tubal insufflation is best carried on:
a-3-7 days after menses.
b-3-7 days before menses
C-At mid-cycle.

62-Abnormal uterine bleeding with fibroid may be:
a-Menorrhagia. b-Metrorrhagia. c-Both. d-None of the above.

63-Menorrhagia means:
a-Bleeding more than 7 days.
b-Excessive menstrual blood loss.
c-both of the above.

64-Polymenorrhea when the cycle length:
a-Less than 21 days.
b-from 21-28 days.
c-More than 28 days.

65-Signs of onset of labour are:
a-Dilatation of the cervix.
b-Passage of show.
c-Bulging of the membranes with uterine contractions.
d-All of the above.
e-None of the above.

66-Increased frequency of micturation during pregnancy is caused by:
a-Polyuria.
b-Pressure of the gravid uterus on the urinary bladder.
c-Pressure of the fetal head on urinary bladder.

d-All of the above.
e-None of the above.

67-Hypoplasia of the uterus causes repeated abortion at
a-Decreasing periods of gestation.
b-Increasing period of gestation.
c-14th wk. of pregnancy.
b-Low FSH in the blood.

68-In ectopic pregnancy the microscopic examination of the uterine products reveals.
a-Decidual cells and chorionic villi.
b-Decidual cells but no chorionic villi.
c-Secretory endometrium.
d-None of the above.

69-Antero posterior diameter of inlet of pelvis is:
a- 11 cm. b-13 cm. c-14 em.

70-In the android pelvis a11 the following are true except:
a-The sub pubic angle is narrow.
b-it favors occipito posterior position of the vertex.
c-The ischial spines are projecting
d-The side walls converge from above downwards.
e-The shape of the inlet is oval or rounded.

71-The mento vertical diameter of the fetal skull measures:
a-9.5 cm. b-lO cm. c- 11.5 cm. d- 13.5 em.

72-The causes of failure of the head to engage in the pelvis in the last month in a primigravida include all the following except:
a-Occipito posterior position.
b-Cephalo pelvic position.
c-oligohydramnios.
d-Full bladder or rectum.
e-Atony of abdominal muscles

73-Rectocele is treated by:
a-Fothergill's operation
b-Anterior colporrhaphy.

c-Posterior colporrhaphy.
d-Posterior colpoperineorrhaphy

74-The contraindication of Hysterasalpinography include all the following except:
a-Suspected pregnancy.
b-Vaginal bleeding.
c-Suspected intrauterine pelvic infection.
d-Acute or subacute pelvic infection .
e-Serious heart or lung disease.

75-The duration of normal labour is:
a- 6-12 hrs.
b- 24-48 hrs.
c- more than 48 hrs.

76-The diagnosis of retained placenta is reached when:
a-The 3rd stage lasts > 30 mins.
b-The 3rd stage lasts > 60 mins.
c- The 3rd stage lasts more than 120 mins.

77-A pregnant lady who is admitted in eclamptic fits at 32 weeks of pregnancy. The best plan for management is to:
a-Immediate caesarian section.
b-Controlling the fits then continue with medical ttt until maturity and arrange for termination.
c-Controlling the fits ,the arrange for induction on labour or caesarian section according to other considerations.
d- None of the above.

78-Respiratory distress syndrome is more prone to develop in:
a-A baby of diabetic mother.
b-A preterm baby.
c-A full term baby delivered by caesarian section.
d-All of the above.
e-None of the above.

79-A case of posteriorly situated placenta praevia marginalis (Type II) presented with mild bleeding at the 35th week of pregnancy ,the best plan for management is:
a-Immediate cesarian section.

b-Expectant treatment till 38th wk then arrange for induction of labour.
c-Expectant treatment till labor pains then forceps extraction when then cervix is fully dilated.
d-Expectant management then elective caesarian section at 38th wk.

80-The following may help in the diagnosis of early (non disturbed) ectopic pregnancy:
a-Estimation of HCG in the serum.
b-U1trasonography.
c-Laparoscopy.
d-All of the above.
e-None of the above.

81-The differential diagnasis of disturbed ectopic pregnancy include all of the following except:
a-Uterine abortion.
b-Placenta praevia.
c-Acute appendicitis.
d-Salpingitis And PID.
e-Torsion or rupture of an ovarian cyst.

82-Investigations of a pregnant women with a history of habitual abortion includes all the following except:
a- Serological tests for syphilis.
b- Glucose tolerance test.
c- Hysterography to determine the competence of internal os.
d-Renal function tests.
e-Ultrasonography.

83-Hysterosalpinography may diagnose:
a-Congenital malformation of the uterus.
b-Intrauterine synechiae.
c-Perforated intrauterine contraceptive device.
d-submucus fibroid.
e-All of the above.

84-Preterm delivery may occur at:
a-39 wks. b-35 wks. c-18 wks. d-None of the above.

85-Forceps are contraindicated when:
a-The head is engaged.
b-Cervix is 10 cm dilated.
c-Before water rupture.
d-Absence of uterine contraction.

86-Pulsating cord prolapse with 5 cm dialted cervix at fullterm is treated by:
a-Forceps application.
b-caesarian section.
c-Oxytocin .
d-External cephalic version.

87-Increased frequency of micturation during pregnancy is caused by:
a-Polyuria.
b-Pressure of the fetal head on urinary bladder.
c-Pressure of the gravid uterus on the urinary bladder. d-All of the above.
e-None of the above.

88-Hypoplasia of the uterus cause repeated abortion at
a-Decreasing periods of gestation.
b-Increasing period of gestation.
c-14th wk of pregnancy.

89-in ectopic pregnancy the microscopic examination of the uterine product reveals:
a-Decidual cells and Chorionic villi.
b-Decidual cells but no chorionic villi.
c-Secretory endometrium.
d-None of the above.

90-Vaginal bleedillg of ectopic pregnancy:
a-Usually severe.
b-Usually slight.
c-Occur before lower abdominal pain.

91-Antero posterior diameter of the inlet of the pelvis is:
a- 11 cm. b- 13 cm. c-]4 cm.

92-Preterm delivery may occur at:
a-39 wks. b-35 wks. c-18 wks. d-12 wks.

93-The diagnosis of septic thrombophlebitis as a Complications of puerperal sepsis depends upon:
a-It occurs 7-10 days after delivery with rise of temperature and chills
b-Deep seated pelvic pain and tenderness in the leg.
c- The limb is swollen, cyanosed and hot.
d- All of the above.

94-In assisted breech delivery, the (after coming head can be delivered by all of the followillg except:
a-Burns Marshal's maneuver.
b-Mavricean Smellievert maneuver(Jaw flexion shoulder traction)
c-Forceps.
d-Caesarian section.

95-Secondary post partum hemorrhage can be caused by:
a-Retention of the placental tissues.
b-Sub-involution of the uterus.
c-Sub mucus fibroid.
d-Choriocarcinoma.
e-Any one of the above.

96-The following are considered primary sites of puerperal sepsis except.
a-The placental site.
b-Placental remnants in the uterus.
c-Laceration of the cervix, vagina and uterus.
d-Salpingo-oophoritis.

97-Caesarian section in cases of breech presentation is indicated in the following conditions except:
a-Elderly primigravida(over 35 yrs.)
b-Any degree of pelvic contraction.
c-Cervical rigidity and premature rupture of membranes.
d-Associated maternal conditions as pre-eclampsia,diabetes or uterine scar:
e-Arrest of the after-coming head due to disproportion.

98-The causes of ante-partum hemorrhage can be any of the following except:
a- Placenta Praevia . b-Placental abruption
c- Extra uterine pregnancy. d-Vasa praevia.

e- Local lesion as cervical polyp or ruptured varicose vein on the cervix.

99-The anterior fontanell of the fetal skull, all of the following are true except:
a-Large with a soft membranous floor.
b-Lozenge shape.
c-Formed by meeting of 4 sutures.
d-it is the site of moulding of the head with over-riding of the bones during labor.

1OO-Providing the oral contraceptive pills used regularly the pregnancy occurs:
a- 10 per 100 women every year.
b- 1 per 100 women every year.
c- 3 per 100 women every year.
d- 0.1 per 100 women every year.
e- 20 per 100 women every year.

101-The symptom of placenta praevia include:
a-Painless, causeless, and recurrent vaginal bleeding.
b-Vaginal bleeding which may be painful due to labour pains.
c- There may be a single attack of heavy bleeding.
d- All of the above.

102-The most important primary cause of uterine and vaginal prolapse is:
a-Post menopausal atrophy.
b-Injury of pelvic floor.
c-Congenital weakness.
d-Retroversion of the uterus.
e-Obstetric trauma..

103-Incidence of RVF:
a- 50 %. b- 15 %. c- 5 %. d- 60 %. e- 2.%

104- The characteristic manifestations of the Candida (Monilia vaginalis) include all of the following except:
a-Vaginal discharge which is yellowish, excessive, and frothy.
b-Pruritis vulva.
c-Dysparunia.
d-Vaginal tenderness on digital examination.
e-The vaginal mucus shows adherent white patches.

105-The term (neglected shoulder presentation) means
a-A case of recurrent unstable lie.
b-Shoulder presentation with prolapsed arm in the vagina.
c-Shoulder presentation with intra uterine fetal death.
d-Shoulder presentation with severe distressed baby.
e-Impacted shoulder presentation with obstructed labour.

106-The mode of delivery in a case with 2nd degree Cephalo pelvic disproportion is by:
a-Spontaneous vaginal delivery.
h-Trials of labour hoping vaginal delivery.
c-Forceps delivery after full cervical dilatation.
d-Caesarian section.
e-None of the above.

107-The advantages of the lower segment Cesarian section over the upper segment operation include all of the fallowing except:
a-It is technically more difficult.
b-The uterine scar is stronger.
c-Less liability to intestinal complications as paralytic ileus.
d-Less liability to post operative infection.

108- The following are true for the uteros in a case of tubal pregnancy except:
a-It is slightly enlarged and soft.
b-Lined by endometrium with decidual reaction.
c-The lining endometrium separates as a result of withdrawal of if hormonal support.
d-It is the source of excessive and heavy vaginal bleeding.
e-It contains no chorionic tissues.

109-The management of DIC and coagulation defects in a case of placental abruption is by:
a-Liberal fresh blood transfusion and fresh frozen plasma guided by CVP.
b-Amniotomy and Oxytocin infusion in favor of vaginal bleeding.
c-Avoiding fibrinogen infusion as it will be consumed in the process and changes into fibrin with capillary blockage.
d-Avoiding fibrinolysis inhibitors, which interfere with the mechanism of preventing intravascular occlusion.
e-All of the above.

110-The contraindications of the use of oral contraceptive pills include all of the following except:
a-History of thrombo-embolic disease.
b-Acute liver disease.
c-Iron deficiency anaemia.
d-Chronic hypertension.
e-Mammary carcinoma.

111-The investigations needed to diagnose RVF include all of the following except:
a-Examination on Sim's position.
b-Methylene blue test.
c-IV pyelography.
d-Cystoscopy.
e-Laparoscopy.

112-The following are aetiological factors of polyhydramnios except:
a-Uniovular twins.
b-Fetal malformation as anencephaly.
c-Chorioangioma of placenta.
d-Placental insufficiency.
e-maternal diabetes mellitus.

113- The causes of uterine atony which cause primary post partum haemorrhage is:
a-Overdistention of the uterus as in twins and polyhydramnios.
b-Prolonged labour.
c-Ante partum hemorrhage, placenta praevia or placental abruption.
d-Excessive analgesia or anesthesia during labour.
e-All of the above.

114-D.D.of a case of concealed placental abruption includes : a-Rupture uterus. b- Acute hydramnios. c-Rupture appendix or hollow viscus. d-Internal obstruction.
e-All of the above

115-The outstanding symptom of ectopic pregnancy during vaginal examination is :
a-Slightly enlarged uterus. b-An adenexal mass.
c-Tenderness in the vaginal wall and on moving the cervix.
d-Fullness in the Douglas pouch. e- Vaginal bleeding.

116-For fibroids of the uterus, the following are true except:
a-They are interstitial ,Sub mucus ,sub serous or in the broad ligament.
b-Corporal fibroids are less common than cervical fibroids.
c-They posses a false capsule of compressed uterine muscles
d-They are composed of bundles of unstripped muscle fibers supported by fibrous tissue.
e-They are liable to 2ry changes, mainly degeneration.

117-In un explained infertility one has to search about:
a-Occult pelvic infection.
b-Luteal phase defect.
c-Immunological causes.
d-Endometriosis.
e-All of the above.

118-Myomectomy as a treatment of uterine fibroids is ideal in :
a-All cases with uterine fibroids.
b-A multipara above 40.
c-Young patient to conserve uterine function and/or fertility.
d-Patient with bilateral tubal block.
e-Patient with malignancy.

119- The following operations are done to correct tubal causes of infertility except:
a-Salpingolysis.
b-Salpingostomy.
c-Salpingectomy.
d-End to end anastomosis.
e-Re-implantation of the tubes.

120-Cervical fibroids:
a-More common than corporal fibroids.
b-Originated from the supravaginal cervix and intestinal or subserous fibroid.
c-Usually multiple.
d-A source of increased menstrual bleeding.
e-Associated with corporal fibroids

121- The following are biophysical methods used to assess the fetal condition in uterus except:
a-Non stress test and stress test.
b-Fetal biophysical profile.

c-Umbilical and uterine Doppler ultrasound.
d-Esteroid estimations.
e-Fetal movements count.

122- Excluding vertex presentation, the most common fetal presentation is:
a-Breech. b-Shoulder. c-Face . d-Brow. e-Complex.

123-The most frequent mechanism of labour in a case of occipito posterior presentation is :
a-Long anti rotation of the occiput and delivering of OA.
b-Short anti rotation with deep transverse arrest of the occiput.
c-Persistent occipito posterior.
d-Post rotation of the occiput, direct occipito posterior or face to pubis.

124-Labor in pregnant patient with polyhydraminos can be complicated by:
a-Premature rupture of membranes.
b-Hypotonic uterine inertia.
c-Intra & post partum hemorrhage.
d-Obstetric shock.
e-All of the above.

125-During 3rd trimester, placenta praevia should be suspected in the presence of:
a-Sudden sharp abdominal pain.
b-Painless vaginal bleeding.
c-Premature rupture of membrane.
d-Cessation of fetal movements.
e-High fetal head at 36 weeks

126-All the following are true for gonorrhea of female genital tract except:
a-The disease is to contracted by sexual contact .
b-The 1ry sites of the disease include urethra, Bartholin gland and endocervix .
c-Spread of infection can cause PID .
d- The disease is suggested by history of exposure, acute onset of urethritis .
e-Inguinal Lymph nodes are enlarged.

127- The urinary Complications of prolapse include:
a-Hypertension. b-Pyelonephritis.
c-Hydroureter & Hydronephrosis.
d-All of the above. e-None of the above.

128- Stress incontinence:
a-Involuntary escape of urine when the intra-abdominal pressure is raised.
b-Retention of urine with overflow.
c-Continuous escape of urine from the vagina.
d- The urge to pass urine cannot be inhibited until the patient reaches a lavatory.
e-None of the above.

129-The cause of failure of vaginal repair of traumatic vesico vagina fistula is:
a-Presence of infection.
b-Excessive scarring and poor blood supply.
c-Obstruction of the urethral catheter fixed after operation.
d-All of the above.
e-None of the above

I30-Chlamydia trachomatis infection in the female genital tract is:
a-Not a sexually transmitted disease.
b-An important cause of PID and infertility.
C-Transmitted by infected blood and blood products.
d-A cause of intense pruritis .
e-None of the above.

131- A patient with symptomatic RVF of uterus usually need :
a- Bimanual replacement of the uterus.
b- A pessary.
c- Gilliam's operation
d- Plication of the round ligaments.
e- No treatment.

l32-During labor, the engagement diameter in case of face Presentation:
a-The sub occipito bregmatic(9.5cm).
b-The sub occipito frontal(1Ocm).
c-The occipita frontal (11.5) .
d-The submento bregmatic(9.5cm)
e-The mento vertical (14 cm)



SMART SHEET

2 × 1

ده هو نفسه شيت مذكرة السنة اللي فاتت بالإضافة إلي :

- تم تنظيم وترتيب الأسئلة علي حسب فهرس كتب النسا (بالتحديد كتب د/ المندوه الجديدة)
- تم إضافة الأسئلة من سنة ٢٠١٠ إلي ٢٠١٣ (دور يناير)
- الأسئلة في العشر سنين اللي فاتوا هتلاقوها تحتها خط وعريضة (ده غير ان التاريخ مكتوب جنبها)

وبكده يكون الشيت ده 2 X 1 .. أسئلة الامتحانات X أسئلة العشر أعوام الماضية ☺

- في تجميعة في الآخر لأسئلة الـ DD (متقلقوش .. مش كتير)
- وأخيراً .. كل الشكر والتقدير لزملائنا في الأعوام الماضية .. وبالأخص العام الماضي لمجهودهم في أن تكون هذه الأسئلة بين أيديكم الآن

Gynecology A

Basic Science

1- ANATOMY :

- Cervix uteri : lymphatic drainage " ديسمبر ٢٠٠٤ "
- Levator ani muscle : anatomy " أكتوبر ٢٠٠١ "
- Uterine support " أكتوبر ٢٠٠٠ "
- Support of genital tract " أكتوبر ١٩٩١ "

2- EMBRYOLOGY :

- Congenital anomalies of mullerian ducts. " June 2011"

- Disorders associated with congenital anomalies of the uterus (types and clinical presentation). " Jan 2011"

Endocrinology

1- MENOPAUSE :

- the menopause: definition , types & ttt " Jan 2013 "
- Menopausal syndrome :
  * Management " أكتوبر ١٩٩٦ "
  * Symptoms " أكتوبر ١٩٩٤ "

2- AMENORRHEA :

1- according to Types :
- Causes of primary amenorrhea " أكتوبر ١٩٩٥ "

2- according to Etiology :
- Causes , diagnosis & management of cryptomenorrhea (20 Marks) " Jan 2013 .. اللي اتلغي "

3- ANOVULATION :

1- PCO :
- Ovarian polycystic disease : diagnosis " أكتوبر ٢٠٠٣ "

4- ABNORMAL BLEEDING :

1- in general :

- causes & diagnosis of uterine bleeding at age of thirty years old " Jan 2013 "
- Management of abnormal uterine bleeding. " Jan 2012"

2- Post menopausal bleeding :

- Causes " يناير ٢٠١٠ "
- Treatment " يناير ٢٠١٠ "
- Management of post menopausal vaginal bleeding " يونيو ٢٠٠٨ "

3- Causes of peri-menopausal bleeding. " June 2011"

Infertility

1- CAUSES :

- Causes of tubal factor of infertility. " June 2012"

2- ASSESSMENT :

1- ovulation :

- Methods of detection " ديسمبر ٢٠٠٦ - يونيو ٢٠٠٨ - يناير ٢٠١٠ "

- Detection " أكتوبر ١٩٩٧ - سنة مجهولة بين ٢٠٠٣ و ٢٠٠٤ - ديسمبر ٢٠٠٥ - نوفمبر ٢٠٠٥ - مارس ٢٠٠٦ "
- Diagnosis of ovarian factors in infertility " أكتوبر ١٩٩٩ "

2- tubal patency :

- Tubal patency tests " سبتمبر ١٩٩٣ " " أكتوبر ١٩٩٥ - ديسمبر ٢٠٠٧ - ديسمبر ٢٠٠٨ "
- Assessment of tubal patency " يناير ٢٠٠٧ "
- Investigations of tubal patency " سنة مجهولة بين ٢٠٠٦ و ٢٠٠٥ "
- Diagnosis of tubal factors of infertility " أكتوبر ١٩٩١ " " June 2012"

3- Cervix :

- Post coital test " أكتوبر ١٩٩٦ "

4- Others :

- Diagnostic value of endoscopy in infertility " أكتوبر ٢٠٠٢ "

3- TTT :

- treatment of tubal factor of infertility. " June 2012"

Contraception

1- PHYSIOLOGICAL :

- Contraception during lactation " سنة مجهولة بين ٢٠٠٥ و ٢٠٠٦ "

2- MECHANICAL :

- Family planning : mechanical methods " أكتوبر ١٩٩٩ "

3- IUCD :

- CI & complications of cupper loaded IUCD " Jan 2013 "

- Complications " سبتمبر ١٩٩٢- ١٩٩٣ - أكتوبر ١٩٩٥ - ديسمبر ٢٠٠٤ - ديسمبر ٢٠٠٥ - نوفمبر ٢٠٠٥ - ديسمبر ٢٠٠٧ - يناير ٢٠٠٧ - ديسمبر ٢٠٠٨ "

- Contraindications " أكتوبر ١٩٩٨ - أكتوبر ٢٠٠٠ - ديسمبر ٢٠٠٤ - نوفمبر ٢٠٠٥ - مارس ٢٠٠٦ " " Jan 2011"

4- HORMONAL :

1- Hormonal contraception. **" Jan 2012"**

- Types " يناير ٢٠٠٧ "

2- Hormonal contraceptive pills (Oral contraceptive pills) :

- Complications " أكتوبر ١٩٩١ - " أكتوبر ١٩٩٤ - أكتوبر ٢٠٠٣ - يونيه ٢٠٠٨ " " يناير ٢٠١٠ " " ديسمبر ٢٠٠٦ "

- Contraindications " أكتوبر ١٩٩٦ - أكتوبر ٢٠٠٢ - " أكتوبر ٢٠٠٣ " " أكتوبر ٢٠٠١ - يناير ٢٠١٠ " سنة مجهولة بين ٢٠٠٣ و ٢٠٠٤ "

- Side effects " أكتوبر ١٩٩٧ "

Infection

1- VAGINAL DISCHARGE:

- differential diagnosis " يناير ٢٠٠٧ "

2- VULVOVAGINITIS:

1- Pruritis vulvae :

- causes " أكتوبر ١٩٩٩ "

2- Monilial vaginitis (Monilial vulvo-vaginitis) :

- Causes " ديسمبر ٢٠٠٨ "

- Predisposing factors " أكتوبر ٢٠٠٢ "

- Diagnosis " أكتوبر ٢٠٠٢ - أكتوبر ١٩٩٤ - أكتوبر ١٩٩٧ - ديسمبر ٢٠٠٧ - يناير ٢٠١٠ "

- Clinical presentations " نوفمبر ٢٠٠٥ "

- management " ديسمبر ٢٠٠٦ "

- Treatment " أكتوبر ١٩٩٣ - أكتوبر ١٩٩٧ - سبتمبر ١٩٩٢ - ديسمبر ٢٠٠٧ - ديسمبر ٢٠٠٨ - يناير ٢٠١٠ " " نوفمبر ٢٠٠٥ " " أكتوبر ٢٠٠٣ "

3- Trichomonas vaginitis : **" June 2011"**

- Clinical pictures " سبتمبر ١٩٩٣ "

- Diagnosis of trichomonas vaginitis. " June 2012"

- Investigations " سبتمبر ١٩٩٣ "

- Management " أكتوبر ٢٠٠٠ - يونيه ٢٠٠٨ "

- Treatment " مارس ٢٠٠٦ " " June 2012"

Gynecology B

Uterus

1- FIBROID :

- symptoms " سبتمبر ١٩٩٣ " " مارس ٢٠٠٦ "

- signs " مارس ٢٠٠٦ "

- Clinical pictures " أكتوبر ١٩٩٧ - أكتوبر ٢٠٠٢ " " سنة مجهولة بين ٢٠٠٣ و ٢٠٠٤ "

- Complications " أكتوبر ١٩٩٨ "

- Diagnosis " ديسمبر ٢٠٠٥ " " June 2012"

- Investigations " أكتوبر ١٩٩٧ "

- Management of fibroid uterus. " Jan 2012" " ديسمبر ٢٠٠٥ "

- Types of bleeding with uterine fibroid " أكتوبر ١٩٩١ "

- treatment of uterine fibroid. " June 2012" " أكتوبر ١٩٩٧ "

2- ENDOMETRIAL CARCINOMA:

- Management of endometrial carcinoma. " Jan 2011"

- Symptoms " سنة مجهولة بين ٢٠٠٦ و ٢٠٠٥ "

- Clinical pictures " سبتمبر ١٩٩٣ - أكتوبر ٢٠٠٢ "

- Investigations " سبتمبر ١٩٩٣ - أكتوبر ٢٠٠٢ "

- Treatment " سبتمبر ١٩٩٣ - أكتوبر ٢٠٠٢ "

Cervix

1- CIN :

- Cervical intra-epithelial neoplasia (CIN) (20 Marks) " Jan 2013 .. اللي اتلغي "
- Cervical intra-epithelial neoplasia. " June 2011"

2- CANCER CERVIX :

- predisposing factors (stage I) " Jan 2013 "
- Clinical stages " ديسمبر ٢٠٠٧ "
- Early detection " أكتوبر ١٩٩٦ - ديسمبر ٢٠٠٦ "
- Diagnosis " سبتمبر ١٩٩٢ " " أكتوبر ٢٠٠٣ "
  * Diagnosis of stage two " سنة مجهولة بين ٢٠٠٦ و ٢٠٠٥ "
  * Diagnosis of stage one " أكتوبر ١٩٩١ " " Jan 2013 "
- Staging of cancer cervix. " June 2012"
- Treatment " سبتمبر ١٩٩٢ "
  * ttt (stage I) " Jan 2013 "

3- OTHERS :

- Cervical erosions. " June 2011"
- Cervical ulcer :
  * Differential diagnosis " أكتوبر ١٩٩٨ "
- Cervical polyp : differential diagnosis " ديسمبر ٢٠٠٦ - يناير ٢٠١٠ "

Ovary

1- OVARIAN TUMORS :

- Criteria of malignancy in ovarian tumors " أكتوبر ٢٠٠٠- ديسمبر ٢٠٠٤ - يناير ٢٠٠٧ - ديسمبر ٢٠٠٨ - يناير ٢٠١٠"
  * Clinical criteria of malignant ovarian tumors " أكتوبر ١٩٩٥ "
- Complications " نوفمبر ٢٠٠٥ "
- Benign ovarian tumors :
  * Clinical pictures " أكتوبر ١٩٩٤ "
  * Management " أكتوبر ١٩٩٤ "

2- OVARIAN CYST :

- Complications " أكتوبر ١٩٩٩ - ديسمبر ٢٠٠٥ " " Jan 2011"
- treatment " Jan 2011"

Urogynecology

1- PROLAPSE :

1- Uterine prolapse :

- Degrees " يونيه ٢٠٠٨ "

- Management " يونيه ٢٠٠٨ "

- Second degree uterine prolapse : causes and management " أكتوبر ١٩٩٦ "

2- Vaginal wall prolapse :

- Clinical pictures " ديسمبر ٢٠٠٤ "

- Management " ديسمبر ٢٠٠٤ "

- Anterior vaginal wall prolapse : diagnosis and treatment " مارس ٢٠٠٦ "

- Causes, diagnosis and treatment of cystocele. " June 2012"

3- in general :

- Causes of recurrent prolapse (20 Marks) " Jan 2013 .. اللي اتلغي "

2- SUI :

- Urinary incontinence :
  * **Types " أكتوبر ٢٠٠١ - ديسمبر ٢٠٠٦ - ديسمبر ٢٠٠٧ - ديسمبر ٢٠٠٨ "**
  * **Differential diagnosis " أكتوبر ٢٠٠٣ "**

3- FISTULA :

- Vesico-vaginal fistula :
  * **causes , diagnosis & ttt of traumatic vesico vaginal fistula " Jan 2013 "**
  * **Clinical pictures " سنة مجهولة بين ٢٠٠٥ و ٢٠٠٦ "**
  * **Diagnosis " أكتوبر ١٩٩٤ - ديسمبر ٢٠٠٤ - ديسمبر ٢٠٠٥ "**
  * **Differential diagnosis " سنة مجهولة بين ٢٠٠٣ و ٢٠٠٤ "**
  * **Treatment " سنة مجهولة بين ٢٠٠٥ و ٢٠٠٦ "**

Operative & Others

- Laparoscopy :

*** Complications " سنة مجهولة بين ٢٠٠٣ و ٢٠٠٤ "**

- Ultrasonography **: uses in gynecology " ديسمبر ٢٠٠٨ "**

موجود في Obs B

- Mass protruding from the vulva : differential diagnosis " أكتوبر ١٩٩٥ - يناير ٢٠٠٧ "

- Rupture uterus : diagnosis " أكتوبر ١٩٩٦ "

- Define the followings : (one mark each) " Jan 2013 .. اللي اتلغي "

* Bishop score ??
* physiological amenorrhoea
* strees incontinence
* 3rs degree RVF uterus
* dysfunctional uterine bleeding
* stage 2 endometrial carcinoma

DD

1- VAGINAL DISCHARGE:

* **differential diagnosis " يناير ٢٠٠٧ "**

2- Cervical ulcer :

* Differential diagnosis " أكتوبر ١٩٩٨ "

3- Cervical polyp : differential diagnosis " ديسمبر ٢٠٠٦ - يناير ٢٠١٠ "

* Differential diagnosis " أكتوبر ٢٠٠٣ "

4- Urinary incontinence :

* **Vesico-vaginal fistula : Differential diagnosis " سنة مجهولة بين ٢٠٠٣ و ٢٠٠٤ "**

5 - Mass protruding from the vulva : differential diagnosis " أكتوبر ١٩٩٥ - يناير ٢٠٠٧ "

Obstetrics A

Normal pregnancy

1- PLACENTA :

- Functions of the placenta. " June 2011 - Jan 2011"

- abnormalities of the placenta. " Jan 2011"

2- MATERNAL ADAPTATION :

- Hemodynamic changes with pregnancy. " June 2012"

- Maternal cardiovascular changes during pregnancy (ديسمبر 2007)

3- DIAGNOSIS OF PREGNANCY :

- Methods of diagnosis of early pregnancy (2010 يناير -2008 ديسمبر)
- Sure signs of pregnancy (2005 ديسمبر - 1992 سبتمبر)
- Role of ultra sound examination in pregnancy. " June 2012"

4- ANTENATAL CARE :

- Describe components (96 أكتوبر)
- how to calculate the expected date of delivery (1998 أكتوبر)

- Causes of an oversized pregnant uterus (larger that the period of amenorrhea). " Jan 2011"

Bleeding in early pregnancy

1- ABORTION :

- Clinical types (سنة مجهولة بين ٢٠٠٥ و ٢٠٠٦)
- Etiology of first trimester abortion (1991 أكتوبر)
- Management of first trimester abortion (أكتوبر 1991)

2- ECTOPIC PREGNANCY : Tubal pregnancy

- Clinical pictures of ruptured tubal pregnancy (2006 و 2005 سنة مجهولة)
- Clinical pictures of tubal ectopic pregnancy (2004 ديسمبر)
- Management of tubal ectopic pregnancy (2004 ديسمبر)
- How can you diagnose tubal pregnancy (2001 أكتوبر)

3- VESICULAR MOLE :

- Clinical pictures (2005 نوفمبر)

4-IN GENERAL :

- a Causes of bleeding in early pregnancy (2006 ديسمبر - 2008 يونيه -2007 ديسمبر)
- Differential diagnosis during the first trimester of pregnancy (1995 أكتوبر)
- Etiology during the first trimester of pregnancy (1992 سبتمبر)

- Diagnosis of vaginal bleeding at 8 weeks. " Jan 2011"

- Diagnostic value of ultra sound in bleeding during the first trimester of pregnancy . (2002 أكتوبر)

Antepartum Hge

1- PLACENTA PREVIA :

- Degrees of placenta previa (2005 ديسمبر) (97أكتوبر - 1996 أكتوبر - 1994 أكتوبر)
- Treatment of placenta previa (1997 أكتوبر - 1994 أكتوبر)

2- ACCIDENTAL HEMORRHAGE :

- causes & DD of antepartum Hge at 32 weeks gestation " Jan 2013 "
- Causes of antepartum hemorrhage. " June 2011"

3- IN GENERAL :

- Differential diagnosis (2006 ديسمبر)

Postpartum Hge

1- ATONIC :

- Causes (2001 أكتوبر - 1991 أكتوبر)
- Diagnosis (2006 , 2005 سنة مجهولة بين)
- Treatment (1992 سبتمبر)

2- TRAUMATIC :

- Diagnosis of uterine rupture during labor . (2005 نوفمبر - 1993 سبتمبر)
- Perineal tear :
  * Degree " ١٩٩٢ سبتمبر "
  * Complete perineal tear : diagnosis " ١٩٩٧ أكتوبر "
  *** Management of complete perineal tear. " Jan 2011"**

3- RETAINED PLACENTA :

- Causes of retained placenta (2002 أكتوبر)
- diagnosis " Jan 2013 .. اللي اتلغي "
- management of retained placenta " Jan 2013 .. اللي اتلغي "
- Treatment of retained placenta (2002 أكتوبر)

4- IN GENERAL :

- Post partum hemorrhage (2008 ديسمبر -2008 يونيه)
  *** Management (2004 و 2003 سنة مجهولة بين - 2006 مارس - 2004 ديسمبر – Jan 2012)**
- Primary post parturn hemorrhage
  *** definition " Jan 2013 .. اللي اتلغي "**

*** Causes (2010 يناير -2007 يناير - 1999 أكتوبر)**
*** Diagnosis (2010 يناير)**
*** Treatment (2010 يناير)**

- Secondary post partum hemorrhage :
  * Causes (2005 نوفمبر)

Diseases with pregnancy

1- PRE-ECLMPSIA & ECLAMPSIA :

1- pre-eclampsia :

- Signs of pre-eclamptic toxemia (2005 ديسمبر)
- Diagnosis (2006 مارس -2004 و 2003 سنة مجهولة بين – oct 91) " Jan 2012"
- Complications (2007 ديسمبر) " Jan 2013 .. اللي اتلغي "
- Treatment of pre-eclamptic toxemia (1991 أكتوبر)

2- eclampsia :

- Types (1993 سبتمبر)
- Management (2004 ديسمبر)
- Management of eclamptic fit (2003 أكتوبر)
- Treatment (1999 أكتوبر)
- Treatment of eclamptic fit (1994 أكتوبر)
- Clinical pictures (1993 سبتمبر)
- Management of eclampsia at 37 weeks of pregnancy. " Jan 2011"

2- DM : (COMPLICATIONS)

- Effects of diabetes mellitus on pregnancy (2005 نوفمبر -2002 اكتوبر- 2O1O ينابر -2OO8ديسمبر -2006 ديسمبر)
- Pregnancy complications of diabetes mellitus (مارس 2006)
- Effects of diabetes on pregnant mother and her ferns (1997 أكتوبر)

3- HEART DISEASE :

- Effect of pregnancy on heart disease (2007 يناير)

4- ANEMIA :

- Etiology of anemia during pregnancy (1993 سبتمبر)

5- VOMITING :

- Causes of vomiting during pregnancy. " June 2011"

- Define the followings : (one mark each) " Jan 2013 .. الـلـي اتـلـغي "

* Hyperemesis gravidarum

Obstetrics B

Normal labor

1 - MECHANISM :

- Mechanism of normal labor (1995 أكتوبر)

2 - DIAGNOSIS :

- Diagnosis of onset of labor (2004 و 2003 سنة مجهولة بين - 2006 مارس - 2004 ديسمبر)

3 – STAGES OF LABOR : **" June 2011"**

- 2nd stage :

* Management of the 2nd stage of labor. " Jan 2011"

- 3rd stage :

* Signs of separation of the placenta (1993 سبتمبر)
* **complications of the third stage labor (ديسمبر ٢٠٠٨ ويونيه ٢٠٠٨)**

Abnormal labor

1 – IN GENERAL :

- Causes of Fetal malpresentation (1998 أكتوبر)

2 – OCCIPITO-POSTERIOR :

- Mechanism in occipito posterior position (2008-2007-2006 ديسمبر- 1997 أكتوبر- 1996 أكتوبر- 2010 يناير) " June 2012"

- Diagnosis of occipito posterior position during labor (2006 , 2005 سنة مجهولة بين)

- Treatment of occipito posterior position during labor (2006 و 2005 سنة مجهولة بين)

- Management of occipito posterior position during labor (2005 ديسمبر)

- Management of occipito-posterior position (cord prolapse). " Jan 2012"

3 – FACE :

- Mechanism in face presentation (2007 يناير)

4 – BREECH :

- Complications (2004 و 2003 سنة مجهولة بين - 2006 مارس)

- Diagnosis of breech presentation during pregnancy (أكتوبر 2002)
- Treatment of breech presentation during pregnancy (أكتوبر 2002)
- The after coming head :
  *** Methods of delivery (يونيه 2008 - ديسمبر 2006)**
  * Causes of retained after coming head of breech (أكتوبر 2001)
  * Treatment of retained after coming head of breech (أكتوبر 2001)
  * Delivery of after coming head (أكتوبر 1999)

5 – SHOULDER :

- Etiology (سبتمبر 1992) " Jan 2013 "
- Management (سبتمبر 1993)
- Diagnosis (سبتمبر 1992) " Jan 2013 "
- Diagnosis of transverse lie during pregnancy & during labour " Jan 2013 .. اللي اتلغي "
- Treatment (سبتمبر 1992)

6 – CORD :

- Diagnosis (يناير 2007)
- Management (يناير 2007 - أكتوبر 2001)
- Diagnosis and management of cord prolapse. " June 2011"

7 – OBSTRUCTED LABOR :

- Clinical picture (أكتوبر 2002 - أكتوبر 1994- أكتوبر 2003)
- Diagnosis (أكتوبر 1995 - أكتوبر 1991)

Fetology

1 – FETAL WELLBEING : (ANTEPARTUM ASSESSMENT)

1- in general :

- Ante partum assessment (يناير 2010 -يناير 2007)

2- investigations :

- Ante partum fetal monitoring (أكتوبر 1999)
- Ultrasonography
  *** Indications of ultrasonography in obstetrics (يونية 2008)**

2 – FETAL DEATH & ASPHYXIA (DISTRESS) :

1- fetal death :

- Intra uterine fetal death
  * Causes (2001 أكتوبر)
  * Diagnosis (1996 أكتوبر)

2- fetal distress :

- Intra uterine fetal asphyxia
  * **Diagnosis (2005 نوفمبر)**

3- neonatal distress :

- Asphyxia neonatorum (neonatal distress)
  * **Types & management (2008 ديسمبر)**

3 – TWINS :

- Diagnosis of multiple pregnancy (1994 أكتوبر) " Jan 2013 "
- Complications of twin pregnancy (2005 نوفمبر)
- Complications of multiple pregnancy (1991 أكتوبر) " Jan 2013 "

4 – FETAL BIRTH INJURIES :

- fetal birth injuries " Jan 2013 "

5 – OTHERS :

- Resuscitations (2007 يناير ١٩٩٧ أكتوبر)
- Apgar score (2001 أكتوبر)
- Neonatal jaundice (2008 يونيه -2007 ديسمبر)
  * **Causes (2006 ديسمبر -2003 أكتوبر -1998 أكتوبر- 2010 يناير)**

Puerperium

1 – PUERPERAL PYREXIA :

- Puerperal pyrexia (2004 و 2003 سنة مجهولة بين)
- Causes (1997 أكتوبر- 1992 سبتمبر - 1991 اكتوبر - 2005 ديسمبر -2004 ديسمبر -2001 اكتوبر)
- causes & DD (2008 ديسمبر)
- Diagnosis and treatment of postpartum pyrexia. " June 2012"

2 – PUERPERAL SEPSIS :

- causes " Jan 2013 "
- diagnosis " Jan 2013 "
- ttt " Jan 2013 "

Operative

1 – EPISIOTOMY :

- Episiotomy (أكتوبر 2001)
- Complications (أكتوبر 1998)
- Types (أكتوبر 1994)

2 – CS :

- Complications (أكتوبر 1995)

3 – FORCEPS :

- Criteria fulfilled for application of obstetric forceps. " June 2012"

Others

- Diagnosis of placental insufficiency (أكتوبر 1995)
- **Evaluation of placental function during pregnancy (أكتوبر 2003)**
- **Define the followings : (one mark each) " Jan 2013 .. اللي اتلغي "**

a- deep transverse arrest
b- late deceleration

تم بحمد الله
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